

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A. W.	02192	8/23/99
O.I.P.E. CLASSIFIER		25	08/25/99
FORMALITY REVIEW		109652	09/02/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✓	Allowed	I	Interference
✓	(Through numeral)	Canceled	A	Appeal
✓	Restricted	O	Objected

Claim	Original	Date
Final	Original	
1	2	1/2
2	3	1/2
3	4	1/2
4	5	1/2
5	6	1/2
6	7	1/2
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49	50	1/2

Claim	Date
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Final	Original						
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**If more than 150 claims or 10 actions
staple additional sheet here**

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